



City of Quincy
Board of License Commission
1305 Hancock Street
Quincy Ma 02169
617-376-1134

APPLICATION FEE \$100.00 _____

PLEASE PRINT INFORMATION

APPLICANTS NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

TYPE OF LICENSE: _____

NAME OF BUSINESS: _____

D/B/A _____

BUSINESS ADDRESS: _____

HOURS: _____ **OCCUPANCY:** _____

PROPOSED MANAGER: _____

FEDERAL I.D.# _____

PHONE: _____

BUILDING OWNERS NAME & SIGNATURE: _____

PLEASE NOTE: ALL APPLICANS MUST COMPLETE THE ENTIRE APPLICATION AN SUPPLY ALL INFORMATION REQUESTED BEFORE HEARING.

1. CONTACT WARD COUNCILLOR (PAGE2)
2. COMMON VICTUALLER LICENSEES MUST SUPPLY A FOOD PLAN REVIEW
3. NEW GAS STATIONS/GARAGE/REPAIR/SELF SERVICE MUST NOTFY ABUTTERS AND ADVERTISE 7 DAYS PRIOR TO HEARING.
4. UPON APPROVAL FROM THE COMMISSIONERS APPLICANTS MUST FILE A BUSINESS CERTIFICATE AND OBTAIN A LICENSE FROM THE CLERK'S OFFICE.

| | | |
|---------------|--------------------------|---------------------|
| WARD 1 | MARGARET LAFOREST | 617-376-1351 |
| WARD 2 | BRAD CROALL | 617-376-1352 |
| WARD 3 | IAN CAIN | 617-376-1353 |
| WARD 4 | BRIAN PALMUCCI | 617-376-1354 |
| WARD 5 | KIRSTEN HUGHES | 617-376-1355 |
| WARD 6 | WILLIAM HARRIS | 617-376-1356 |

CITY OF QUINCY BOARD OF LICENSE COMMISSIONERS
617-376-1134
PUBLIC HEARING REQUEST FORM

NAME OF PROPOSED BUSINESS _____

TYPE OF LICENSE _____

LOCATION _____ PICTURE? _____

BUILDING OWNER'S SIGNATURE _____

APPLICANT _____ TELEPHONE # _____

INSPECTIONAL SERVICES DEPARTMENT
55 Sea Street
617-376-1455

| ITEM | APPLICABLE | NON-APPLICABLE | SUBMITTED |
|---|------------|----------------|-----------|
| ZONING ISSUES | | | |
| BUILDING PERMIT REQUIRED | | | |
| SIGN PERMIT REQUIRED | | | |
| OUTSTANDING PERMITS IN ANY DEPARTMENT? | | | |
| ASSESSOR'S-TAX TITLE Attach assessor's print-out | | | |
| FIRE DEPARTMENT INSPECTION REQUIRED? | | | |
| RECOMMENDATIONS: | | | |
| SPECIAL EVENTS REVIEW? | | | |

Reviewed by: _____ Date: _____

SCHEDULE LICENSE BOARD HEARING? YES _____ NO _____

HEALTH DEPARTMENT
440 EAST SQUANTUM STREET
617-376-1273

| | SUBMITTED? | YES | NO |
|----------------|------------|-----|----|
| PROPOSED MENU? | | | |
| FLOOR PLAN ? | | | |

- SHOW EQUIPMENT IN FOOD PREP AREA
- SHOW STORAGE AREAS
- SHOW CLEANING AND SANITATION EQUIPMENT
- SHOW FINISH COVERINGS ON WALLS FLOORS AND CEILINGS
- SHOW DUMPSTER LOCATION

REVIEWED BY: _____ DATE: _____

SCHEDULE LICENSE BOARD HEARING? YES _____ NO _____



Office use:

Agenda Date: _____

Name: _____

Address: _____

PAUL KEENAN
POLICE CHIEF

Name of requesting agency: _____

Name and title of individual making request for records: _____

Purpose for which the information is being requested: _____

Identification of person about whom request is being made: _____

Full name: _____

Address: _____

Date of birth: _____

Social Security #: _____

Telephone #: _____

I swear or affirm under the penalties of perjury that all statements and representations made on this record request form are true and complete to the best of my knowledge, that I am authorized to make this record request and that this record request is otherwise in accord with the above named agency's certificate for access to criminal offender record information.

Signature:



PAUL KEENAN
POLICE CHIEF

QUINCY POLICE DEPARTMENT
1 SEA STREET
QUINCY MA 02169
617-479-1212

EMERGENCY BUSINESS CONTACT FORM

To help serve the business community better, the Quincy Police Department is updating all emergency business contact information. The information you provide will enable the Police to contact you or a representative of your business should a problem occur. This information is strictly confidential and will be stored in the database of the Police computer system. We would appreciate your completing this form as accurately as possible, and returning it to the above address. Thank You.

IT IS VERY IMPORTANT THAT YOU NOTIFY THE QUINCY POLICE COMMUNICATIONS DIVISION WHENEVER ANY OF THIS INFORMATION CHANGES.

DATE: _____

COMPANY NAME: _____

TELEPHONE # _____ FAX# _____

ADDRESS: _____

Order of persons to be contacted:

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| | | |
| | | |
| | | |

After Business hours does your business have:

Alarms: _____ Lights: _____ Guard _____ Guard Dog: _____

Does your business contain any material or condition that could be hazardous to police or fire department personnel who may have to enter after business hours? If so please explain: _____

_____ use additional sheets if necessary.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit: General Businesses
Applicant Information Please Print Legibly

Business/Organization Name: _____
Address: _____
City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- ☐ I am an employer with _____ employees (full and/or part time.*
☐ I am sole proprietor or partnership and have no employees working forme in any capacity. (no workers comp. insurance required)
☐ We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (no workers comp. required.)
☐ We are a non-profit organization, staffed by volunteers, with no employees. (no workers comp. required)

Business Type (required)

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (inc. real estate, auto etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____
Insurer's Address: _____
City/State/Zip: _____

Policy # or Self-ins. Lic. # Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an employee is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

Form Revised 5-26-05